OMB Approved No. 2900-0564 Respondent Burden: 2 minutes

M Department of Veterans Affairs

DIRECT DEPOSIT ENROLLMENT

IMPORTANT: You can use this form to enroll in Direct Deposit *or* to make a change to an existing direct deposit account. Please read the Privacy Act and Respondent Burden information shown below.

ATTENTION VA BENEFICIARY! WE'VE MADE ENROLLING IN DIRECT DEPOSIT EASIER THAN EVER! CALL TOLL FREE - 1-877-838-2778

or TDD 1-800-829-4833 (Telephone Device for the Hearing Impaired)

Direct Deposit is the safest, fastest and most cost efficient method to receive your payment. In additon, you no longer have to worry about your check being late, lost, or stolen. NOTE: The "Debt Collection Improvement Act of 1996" which was signed into law on April 26, 1996 required all Federal payments to be made by Electronic Fund Transfer (EFT or Direct Deposit) beginning January 1, 1999. Waivers will be available where the conversion from paper checks imposes a hardship. Write to the address shown below for more information concerning a waiver. To have your VA compensation, pension, chapter 30 education, or insurance check deposited into your checking or savings account right away with Direct Deposit just call VA's toll-free number or fill out the form below and mail to: **Department of Veterans Affairs**

125 S. Main Street Suite B Muskogee OK 74401-7004

When you call, be sure to have a personal check or bank statement available as well as your VA Claim Number or Social Security Number. The VA representative will ask for information from these documents to start your Direct Deposit. If you prefer to enroll by mail, just complete the information below, and attach a voided personal check from your checking account or call your Financial Institution and verify the information requested below for a savings account.

by mail, just complete the information below, and attach a voided personal check from your checking account or call your Financial Institution and verify the information requested below for a savings account.
SECTION I - VA BENEFICIARY INFORMATION
NAME OF BENEFICIARY(Last, First, MI) (Please Print)
BENEFICIARY CLAIM NUMBER
TYPE OF BENEFIT COMPENSATION PENSION CHAPTER 30 EDUCATION INSURANCE VA CLAIM NUMBER OR SOCIAL SECURITY NUMBER
TELEPHONE NUMBER (PLEASE PROVIDE YOUR TELEPHONE NUMBER IN THE EVENT THAT WE NEED TO CONTACT YOU) (INCLUDE AREA CODE)
DAYTIME
EVENING
SECTION II - FINANCIAL INSTITUTION INFORMATION
PLEASE ATTACH A VOIDED PERSONAL CHECK AND SKIP TO SECTION III OR CALL YOUR FINANCIAL INSTITUTION FOR THE FOLLOWING INFORMATION:
ROUTING TRANSIT NUMBER
ACCOUNT NUMBER (PLEASE CHECK THE APPROPRIATE BOX CHECKING SAVINGS)
NAME OF FINANCIAL INSTITUTION
ADDRESS OF FINANCIAL INSTITUTION
TELEPHONE NUMBER OF FINANCIAL INSTITUTION (INCLUDE AREA CODE)
SECTION III - PAYEE CERTIFICATION
I CERTIFY THAT I am entitled to the payment above, and that I have read and understand this form. In signing this form, I authorize my payment to be sent to the financial institution named above, to be deposited to the designated account.
SIGNATURE OF PAYEE (Do NOT print) DATE SIGNED
PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of

PRIVACY ACT INFORMATION: The responses you submit are considered confidential, (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs(VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information will be used to process the beneficiarry's authorization. It is the minimum information required to enroll an individual in the DD/EFT program and is requested on a voluntary basis. Failure to provide the information will not affect eligibility or continuance of benefits.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your